| | | | | | | | | | | Application or Docket Number | | | | | |
|--|---|---|-----------------|-------------------|---------------------|------------------|------|-----------|------|------------------------------|----------|----------------|---------------------|--|--|
| | PATENT APPLICATION FEE DETERMINATION RECORD | | | | | | | | | | | | | | |
| | Effective January 1, 2003 6 2 4 g / U 3 1 | | | | | | | | | | | | | | |
| | CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Cotumn 1) (Cotumn 2) TYPE OR SMALL ENTITY | | | | | | | | | | | | | | |
| To | TAL CLAIMS | | 19 | | | | 9 | RATE | | FEE | on 1 | RATE | FEE | | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | , | BASIC F | EE | 375.00 | OR | | 750.00 | | |
| TOTAL CHARGEABLE CLAIMS | | | 19 minus 20= | | • 10 | | | X\$ 9: | | | OR | | | | |
| INDEPENDENT CLAIMS | | | 2 minus 3 = | | · Ø | | ı | X42• | 4 | • | | X84= | | | |
| MI | ILTIPLE DEPEN | DENT CLAIM P | RESENT | | | | | +140- | ┥ | | OR | | | | |
| * If the difference in column 1 is less than zero, enter *0* in column 2 | | | | | | | | | _ | | OR | +280= | | | |
| OF ANTONE DARKET | | | | | | | | | | | | | 75A | | |
| | <u> </u> | (Column 1) | | (Catur | | (Column 3) | | SMAL | LE | NTITY | OR | OTHER SMALL | | | |
| ⋖ | | CLAIMS REMAINING | | HIGHEST NUMBER | | PRESENT | ĺ | | 1 | ADDI- | | | ADDI- | | |
| | | AFTER AMENDMENT | | PREVIO PAID | | EXTRA | | RATE | | TIONAL FEE | 1 | RATE | TIONAL | | |
| AMENDMENT | Total | .19 | Minus | - & | B | • | | X\$ 9- | | | OR | X\$18= | | | |
| | Independent | ·a | Mirus | | | Ŀ | Ì | X42a | | 1 | OR | X84= | | | |
| FERST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | | 1 | OR | +280= | | | |
| 16.663 + | | | | | | | | | | - | OR | TOTAL | | | |
| | -b-06 | (Column 1) | | (Catur | TO 2) | (Calumn 3) | • | VOOIT. FI | ie (| | . | ADDIT. FEE | | | |
| AMENDAGENT B | | CLAIMS REMAINING AFTER AMENOMENT | | HIGH | est Ser Dusly | PRESENT EXTRA | | RATE | Ĩ | ADDI- TIONAL FEE | | RATE | ADDI- | | |
| | <u> </u> | | | PREVIO | | | | | | | | | TIONAL | | |
| | Total | . 19 | Minus . | -2 | 0 | Q_{-} | I | X\$ 9= | 7 | | OR | X\$18= | | | |
| | Independent | • / | Minus | 2 | > | •0 | Î | X42- | 1 | | OR | X84= | | | |
| | PRIST PRESE | NTATION OF MA | ATIPLE DEF | ENDENT | CLAIM | | Ì | +140= | 1 | | | +280s | | | |
| | • | | | | | | | | | | OR | TOTAL | | | |
| ADDIT. FEECOLUMN 1) (COLUMN 2) (COLUMN 3) | | | | | | | | | | | | | | | |
| ပ | 1. 6 | CLAMS REMARKING | 1 3 | HOGH | EBY | PRESENT | ſ | | 7 | ADDI- | 1 | | ADDI- | | |
| 5 | 10 PHOG | | 3 | PREVIO | JUSLY | EXTRA | **** | RATE | ľ | TIONAL FEE | | RATE | TIONAL FEE | | |
| 9 | Total | • /8 | Minus | - 2 | | . 0 | Ì | X\$ 9= | 7 | CEE. | 00 | X\$18= | FRE | | |
| AMENDIMENT | Independent | • 1 | Minus | ••• | 3 | · 0 | ŀ | X42= | ┪ | | OR | X84= | | | |
| Ľ | PLAST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | ŀ | +140= | ╂ | | OR | | $\vdash \leftarrow$ | | |
| • ; | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | OR | +280= | | | |
| ** If the "Highest Number Previously Paid For" IN THUS SPACE is test than 3, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE | | | | | | | | | | | | | | | |
| | The "Highest Nurs | ber Previously Pel | d For" (Total o | independ | ent) is the | highest number | lou | nd in the | epp | ropriate box | in æ | Aums 1. | ľ | | |